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ORIGINAL DEPARTMENT.

LECTURES.

Miasmatic Typhoid Fever.

A lecture delivered at Pennsylvania Hospital, June 7th, 1862.

By J. J. Levick, M.D.,
One of the Physicians of the Hospital.

At our last clinical lecture I called the attention of the class to several cases of typhoid or enteric fever then in our wards, which presented the usual characteristic symptoms of that disease. To-day I propose to bring to your notice a few of our patients, who, though undoubtedly affected with typhoid fever, present with their enteric disorder certain phenomena which are not usually associated with this disease, and which, while they require a modification of the treatment to which I last week called your attention, impart to the study of their disease an unusual degree of interest.

This interest will be increased when I tell you that all of these patients are sailors who have been employed in conveying our troops or supplies to the Southern ports now held by our armies, or are soldiers lately in active service. While I would not dare, from such a limited number of cases, to express a positive opinion in the matter, yet my own observation, confirmed by that of some of my medical friends, leaves little doubt on my mind that very many of the cases of fever now prevailing in our army, correspond in all their leading features with those now before us.

Case 1st presents one of the mildest forms of this fever. John Mc——, aged eighteen, was admitted to the hospital May 18th. For more than two months he has been at Fortress Monroe, Ship Point and vicinity. He says he felt a little sick for a week before going to bed; had no decided chill, but felt chilly. He had very great looseness of bowels almost from the beginning, sometimes as many as twenty passages daily. Was under no regular treatment until he came to Philadelphia and entered the hospital, which was about two weeks and three days from the beginning of his sickness. He had at this time slight dullness of hearing, slight duskiness of the cheeks, eyes slightly injected, forehead covered with large drops of sweat, tongue coated with a moist white fur, anorexia, slight cough with bronchitic râles throughout the chest; no unusual heat of the skin; pulse 80. The abdomen was slightly prominent, and exhibited five or six of the characteristic *red spots*, lenticular in form, disappearing on pressure, and slightly elevated. During the day he had five or six watery stools. Toward evening became more restless, complaining of pain in his lower limbs; pulse increased in frequency, and skin more hot. Had an enema of laudanum—forty-five drops in a tablespoonful of water. Next morning, the forehead being again covered with sweat, he was ordered three grains of sulphate of quinia every hour until fifteen grains had been taken. There was no return of fever in the evening, and at my next visit I found his pulse at 60, and a marked amelioration of his symptoms. Twelve grains of quinia were exhibited next day, eight on the following, which amount was continued daily during the remainder of the week. Decided convalescence began about a week after his admission, and he is, as you now see, regaining his health. The diet for the first week consisted of beef essence, chicken broth, milk in small quantities; later, a soft-boiled egg.

Case 2d is G. T., a seaman, aged twenty-four, three weeks from Newbern, North Carolina. Has been for two months past at Hatteras and its vicinity. Had headache, dizziness, and diar-

rhœa from the first; five or six stools daily. Had three chills, but does not think they came on regularly. Notwithstanding his condition, this patient managed to keep about deck for nearly a fortnight, but was at last obliged to give up. Came to Philadelphia, and applied to be admitted into the hospital for "diarrhœa," May 20th. And here, gentlemen, let me again call your attention to what I have already on more than one occasion before done, the importance of remembering that diarrhœa is an incident in the course of several diseases, that it is not to be regarded itself as a disease, but as a symptom of disease, and that you should never rest satisfied with the statement of your patient that he has diarrhœa, but carefully investigate the nature and cause of this diarrhœa, as in the case before us. When admitted, our patient had some duskiness of face, a wearied expression of countenance, tongue furred and of a yellowish hue; pulse about 85; a slight cough, with sonorous and sibilant râles throughout the chest; over the entire trunk there was a profuse rash, not unlike that of measles. He was for a day or two treated with tannic acid and opium, but on the 24th took sixteen grains of quinine, and an enema of forty-five drops of laudanum at bedtime. Under this treatment his improvement was steady, and he is now convalescent, as you perceive. His diet for the first day was arrow-root; after this it consisted of chicken broth, milk, a little port wine at dinner; later, increased as in the case first seen by you.

Case 3d is A. H. H., a seaman, aged twenty-one, who was admitted here May 17, 1862. For the last two months had been cruising between Port Royal, Fernandina, Jacksonville, and other towns on the Southern coast. Was taken sick May 1st; first had headache, weakness in the limbs, a decided chill, followed by fever and sweating. For this he took quinia, and having sailed for home, was better while his supply of quinia lasted; but while at sea had a recurrence of his pains, fever, and sweating. Took a dose of salts, which he vomited; the bowels were loose during the entire voyage. Has had no bleeding at the nose. When admitted, on the 17th inst., he was sweating profusely; tongue moist, with a scanty fur; had a slight cough, with the usual bronchitic râles. The abdomen was not prominent, but exhibited five or six characteristic lenticular rose spots and numerous sudamina. Complained of some griping pains in the abdomen; a teaspoonful of castor oil produced five passages. The same course of treatment was pursued as in the previous cases, and with the same results. This was one of the mildest of those coming under our care, yet in this there was, as before said, the characteristic rash, and a teaspoonful of oil acted vigorously.

Case 4th is T. A., a seaman, aged twenty-five; has been at Hatteras for four months; was sick for four days before he left for Philadelphia. Was first attacked with pain down the back of his neck and shoulders; every joint seemed to be breaking; thought he was getting cramps; was chilly for two days, then sweat very profusely; headache very severe; eyes heavy and painful; very weak in the legs; bowels loose all the time. He now took an emetic, and got to walking about again, but always felt worse in the morning; slept but little, and at last was obliged to give up again. He entered the hospital May 24th; at this time his face had a dark, reddish-brown flush; eyes injected; tongue covered with a light, moist fur; pulse 120, and feeble; belly slightly tympanitic and tender, with numerous unmistakable "red spots." The bowels were moved three times in the course of the day. There was a slight cough, with dry râles throughout the chest. This patient took, during the evening of his first day in the hospital, a diaphoretic mixture of solution of acetate of ammonia and sweet spirit of nitre. On the following morning (26th) he presented much the condition before described, but with rather less fever. I then directed for him, though not without some misgivings, sixteen grains of quinia, to be taken in divided doses during the early part of the day, with especial directions to omit it if any serious cerebral symptoms presented. Next morning I found none such had occurred; there had been ringing in the ears and slight deafness, which had now passed off, and the patient's condition in every respect had improved; the pulse 80, with less heat of skin than on the preceding day. On the 27th he took twelve, and on the 28th eight grains of quinia. On this day, the patient pronounced himself decidedly better, as he was, and from this time his convalescence has been steady and decided. He is now using a teaspoonful of the compound tincture of bark, three times daily.

In addition to these patients which you have now seen, let me briefly refer to one or two other similar cases which have come under my private care.

Case 5th, Lieutenant T., Pennsylvania Volunteers, aged twenty-five, was at Hampton, Alexandria, and Poolesville, between October and February; accompanied the army to Yorktown, February 25th, and was well until May 1, 1862, when he became chilly, but had no decided shake. For several days felt very weak in the knees, with aching in the legs and very severe pain in the back of the head and neck, but not in the small of the back. Had also severe headache and some nausea. He took at once three pills, which did not operate very much: in the evening an emetic of ipecac., which produced free emesis. During the night after the vomit, his nose bled. From this time his bowels became very loose. He arrived in Philadelphia, May twelfth, when he presented the following symptoms: slight flush of cheeks; forehead bathed in large drops of sweat; tongue covered with a moist fur; skin generally moist; slight cough, with dry and moist râles; pulse, 85; had thirst, but no appetite; slight soreness in the left hypochondrium; bowels very loose; four "*red spots*."

Excepting a laudanum enema at night, no medicine was given during the next day, the patient resting after the fatigue of his journey. Profuse sweating recurred, and the quinia as before was given. Under this treatment, after a few days, convalescence began, and progressed steadily.

The diet consisted of essence of beef, and milk in small quantities.

Case 6th, Lieutenant B., of the regular service, United States cavalry, aged twenty-five, accompanied the army to Yorktown and to the Chickahominy. He had ridden all day in the rain, and toward evening felt chilly, and for a few days was very miserable, with splitting pain in the head; pains in the neck and shoulders; weaknesss in the lower limbs; very troublesome diarrhœa and profuse sweating during the night; eyes heavy and painful.

These symptoms continued with occasional remissions and exacerbations until his arrival in Philadelphia, at which time he presented the following condition: face flushed; eyes slightly injected; tongue lightly coated with a moist fur; a slight cough; pulse 85, and soft; bowels moved four or five times daily, with griping pains and loose watery stools; five or six "*red spots*" on the abdomen; toward evening complained of restlessness and aching pains in the lower extremities.

The patient was carefully placed in a *hot* bath, and at bedtime an enema of laudanum (fifty drops *in half an ounce of tepid water*) was administered. This gave our patient, as he next morning expressed it, the first "through ticket" of sleep which he had had for a fortnight. On the following morning, there being no decided exacerbation of fever, sulphate of quinia was administered in the doses before mentioned. In the evening there was a slight increase of heat of skin, with achings in the legs. The laudanum enema was repeated. Two days later, our patient still complaining of griping pain in the bowels, a teaspoonful of castor oil, with five drops of laudanum, was exhibited, producing three evacuations, since which time there have been no pains, and but two passages daily. This patient is still under treatment; there has been no decided recurrence of fever, but he cannot as yet be considered convalescent.

In another case, that of Corporal M., Pennsylvania Volunteers, the symptoms were analogous to the preceding, excepting that in this instance the enteric symptoms were more aggravated, preponderated, if I may so express it, greatly over those of the miasmatic disease.

In describing these cases to you, I labor under the disadvantage of not having seen any of them in the beginning of their attacks, and am therefore obliged to rely upon the statements made by themselves respecting this important stage of their disease, using, as I have done, as nearly as possible, their own words. Yet, I think, you cannot fail to be struck, as I have been, with the remarkable correspondence which these histories present, thus furnishing us the proof of their correctness.

Having thus, as briefly as could justly be done, described to you these cases of fever, I wish now to claim your attention for a few minutes while we compare with them the instances of typhoid or enteric fever, to which your attention was last week directed. For, although these are cases of typhoid fever, yet they are not simply those of the enteric fever, which for years past we have been accustomed to meet with in the hospital and private practice of this city. That they are instances of typhoid fever, is shown by the fact that in every instance, even in the mildest, we find the characteristic eruption, the unmistakable pathognomonic *red spots*, lenticular in form, disappearing on pressure, coming in crops, and most abundant on the abdomen.

That there is disease of Peyer's glands, we

may infer from the fact that *diarrhœa was a constant symptom*, and with scarcely an exception existed from the start. In all, it appears to have formed one of the most prominent and distressing features of the disorder. In one of the mildest cases (No. 3) in which there existed a little griping pain, the therapeutic test, as it is called, of typhoid fever, a teaspoonful dose of castor oil produced five alvine passages.

As respects the mode of attack, this varied somewhat, though with nearly all there seems to have been *a sort of forming stage*, gradual and illy defined in its course.

In a few instances during this forming stage the patients, though *much troubled with diarrhœa*, appear to have been stirring about, and, to some extent at least, to have performed their ordinary duties.

Chilliness or rigor appears to have been felt by all; but few of them acknowledge a chill, or decided shake, as they term it.

A flush of the face, varying in intensity, existed in all of our patients. *A slight cough, with the usual bronchitic râles*, was noticed in every instance. In all these phenomena you perceive points of resemblance to those of the cases of typhoid fever which have already come under your notice. Let us now direct attention to some of the symptoms in which the resemblance is less obvious. And first, without exception, there would appear to have been in all these cases a *remission and exacerbation* of the symptoms, such as I have never noticed in our ordinary typhoid fever. I say this with the full knowledge of the fact that a periodical remission of fever is known to occur in this disease; but, I repeat it, I have never known the remission and exacerbation to occur with the same completeness and regularity as in the instances now under consideration. So too, connected with this, at certain periods of the day, *the skin* was found to be *moist*, and *the forehead covered with large drops of sweat*. This last differed from the diaphoresis of ordinary typhoid fever, that in no instance did it seem to indicate *the crisis* of the disease. It occurred, disappeared, recurred, like the sweating stage of miasmatic fever, the disease not being permanently checked by its occurrence. It recalled to mind the profuse diaphoresis of rheumatic fever, though destitute of the strong acid smell of that disease.

Headache appears to have prevailed in varying degree in every instance. By some it is described as "splitting" or "battering," by others as less severe; while in nearly every instance an aching or a *sense of weight or weariness in the eyes* was complained of. These conditions are common alike to typhoid and to miasmatic fevers, but it has never happened to me to have typhoid fever patients complain, as these have done, *of severe pains in the back of the neck and the muscles between the shoulders*, rather than in the loins. Several of our patients speak of these pains as being universal, one of them stating that every bone in his body seemed out of place. *Restless achings in the lower limbs* are also much complained of. *The tongue*, though in all more or less furred, was in none of the instances now under consideration heavily coated, and, as a rule, was devoid of the dryness which existed in the cases of typhoid fever which you have previously seen. In one instance, in which there was a tendency to dryness, it was referable to the opium exhibited to check the diarrhœa. Moderate thirst, and anorexia almost complete, existed in the early stages.

The pulse during the febrile stage in Nos. 4 and 5 reached 120, but, excepting these instances, it was rarely above 90, and in one patient (No. 1) was as low as 60. In all it was soft, and in none alarmingly feeble. *Epistaxis*, though occasionally noticed, does not appear to have been a constant symptom. The abdomen, though somewhat prominent, in no instance presented any very marked *tympanites*. Very different from our ordinary cases of typhoid fever is the *mental condition* of the cases now under consideration. Even in the comparatively advanced stage in which these were when they came to us, there was none of the dullness of intellect, that marked "mental hebetude," which, when it deepens into stupor, has given its name to typhoid fever. These patients, though of course indisposed to active mental exertion, yet retained, to a considerable degree, their interest in the events transpiring about them, and gave intelligent responses to questions put them. In none of the cases before us has there been well-marked delirium.

It would thus appear that while the cases of fever, now before us, are instances of typhoid or enteric fever, they are something more than this; that they have superadded to the ordinary constituents of this disease a miasmatic fever element, the result of the peculiar exposure, in certain localities, to which they have been subjected. This miasmatic complication, while it modifies

the nature, symptoms, and course of the disease, renders necessary a modification of the treatment which we ordinarily adopt in cases of simple enteric fever. As if to confirm this resemblance to miasmatic fever, in every instance under our care a marked amelioration of the disease followed the exhibition of sulphate of quinia, in the full antiperiodic dose; indeed, in most instances the disease seemed to lose its grave character as soon as the patient had come fully under the influence of the quinia, a result we rarely witness in our ordinary typhoid fever. Do not understand from this that *convalescence* was thus at once established. Such was not the case: this was in some instances delayed for a week or longer; but the preternatural heat of skin, frequency of pulse, and headache were in every instance diminished, if not removed, as soon as our patients became cinchonized. It is a highly interesting fact in this connection that, as a rule, convalescence began earlier in these cases than in our ordinary typhoid fever, and it would seem that so far from the complication referred to increasing the gravity of the disorder, either this complication, or the treatment adopted to combat it, rendered the disorder more tractable and less fatal than our ordinary typhoid fever, a circumstance which, so far as it goes, will strengthen the views proposed some years since by Dr. Dundas, of Liverpool, on the treatment of this fever by quinia.

In the early part of my lecture I remarked that, from the observation of so limited a number of cases, I dare not assert that the fever, which to a considerable extent now prevails in our army, is of the character of that now presented to you. Such, however, is the conviction in my own mind. I wish now to add that, while I believe this mixed fever is that which is most common, yet it is important you should bear in mind that cases of genuine typhoid or enteric fever may prevail in camp, as they do elsewhere, with the ordinary phenomena, and devoid of this miasmatic complication. Such was the case with Captain P., to whom your attention was last week directed, now convalescent, who, though direct from Yorktown, presented us in his illness a case of genuine typhoid fever, in a most aggravated form. So, too, there are cases in which, even though the miasmatic complication exist, the enteric element of the disorder is so prominent as to mask the miasmatic complication. On the other hand, I do not doubt that the reverse may obtain, and the symptoms of miasmatic fever so preponderate as to completely divert suspicion from the typhoid fever, the existence of which may be detected by a careful examination for the characteristic eruption.

The treatment adopted in the cases before you has been anticipated by their clinical history; a few words, however, by way of a summary may not be amiss. In prescribing for these cases, you should constantly bear in mind the compound nature of the disorder which you are to treat. You have a miasmatic fever, but you have also a febrile disease in which an intestinal lesion is a characteristic attendant; hence you would carefully avoid the exhibition of any active purgative, such as you might with propriety give in an ordinary case of bilious remittent fever. If any more action of the bowels be required, if the patient complain of griping pain in the abdomen, *a teaspoonful of castor oil* with five drops of laudanum will effect all that is thus required. In the majority of cases even this is not necessary. Of course I need not say to you that all active depletory measures should be avoided.

Bearing in mind this enteric disease, a course of diet which might be proper in ordinary bilious fever becomes very unsuited to this. While you remember that the food on shipboard and in camps favors a scorbutic condition of the blood, and that a nutritious diet becomes necessary, your patients should carefully avoid all food which would increase the irritation of the bowels, or in any way tend to induce that accident which constitutes the great danger of typhoid fever—*perforation of the intestine*. Hence we have given our patients strong, concentrated essence of beef, (made in the good old-fashioned way,) but have carefully excluded all *solid* food until convalescence was fully established. We have also allowed milk to be taken in small quantity at a time, and frequently repeated. If the patient grow tired of the beef essence, good strong chicken broth may be substituted. After a time a *soft-boiled* egg (the albumen uncoagulated) may be allowed for breakfast. In the cases before us the necessity for free stimulation has not existed, and perhaps with the exception of wine-whey, no alcohol has been given; but should the necessity for it exist, as I have no doubt it often may, do not hesitate to resort to the free use of brandy in the form of toddy, or, if the stomach do not reject it, in the form of strong milk-punch —one part of brandy to two or three of milk or cream. The occasion even may arise for the use of ammonia, the carbonate, if you have a good

article on hand, or, if not, the aromatic spirit of ammonia.

Nothing so effectually, and with so little disturbance to the patient, will check the diarrhœa, one of the most troublesome of the symptoms, as the use of *laudanum injections*. *Forty or fifty drops of laudanum* in *half an ounce of tepid water*, (starch-water being altogether unnecessary,) administered at bedtime, will give the invalid a good night's rest, control the diarrhœa, soothe abdominal and other pains, and save the stomach for such medicine as may be required to combat the other symptoms. You will secure the retention of the enema if you tell your patient to resist the first inclination to pass the injection, which he always feels, especially if the quantity (two ounces) mentioned in the books be used.

Should the bronchitic complication become troublesome, you can afford prompt relief to your patient by the application, for a few minutes, to the back of the chest, of a large piece of flannel saturated with spirit of turpentine—a turpentine stupe, as it is called.

Coming as such patients do from shipboard or the camp, where the means of free ablution are sometimes absent, the healthy function of the skin is often arrested, and great comfort is afforded by a bath. In such cases, place the patient in a *hot* bath, unless he be in an exacerbation of fever, rather than in a warm bath; allow him to make no undue exertion; have him carried back to bed and every precaution used to guard against taking cold.

During the existence of a febrile paroxysm, as shown by a hot skin, a frequent and full pulse, sweet spirit of nitre or the solution of acetate of ammonia may be needed; but as soon as a remission of these symptoms occurs, the miasmatic element of the disease demands our attention. Now it is that the sulphate of quinia acts so happily. Administer two or three grains every two hours, beginning at an early hour in the day, until sixteen grains have been taken; on the following day twelve grains, next day eight or nine, and so on, gradually reducing the dose to six grains, which may be continued daily until convalescence is fully established.

While I thus speak to you of the favorable action of quinia in this fever, and it is surprising how early in the disease it may advantageously be used, I would not have you use it without carefully watching its effects when first administered. Feel your way with it. If while using it the pain in the head be much increased, the heat of the skin aggravated, go no further that day; but if, as was the case with all the patients who have been before you, no such consequences arise, continue to exhibit the quinia until the full anti-periodic dose be administered, which, in this latitude, is about sixteen grains.

After a time you may perhaps substitute for the quinia the compound tincture of bark, Huxham's tincture, an old-fashioned but elegant preparation; but as a rule, avoid, in treating this disease, all elaborate mixtures—"messes," as I call them, of which I have a great abhorrence. You have in the salt of quinia the active anti-periodic ingredient of the bark free from any mixture, and it is far better in prescribing to employ the simple active principle of medicines than to imitate the polypharmacy of the ancients.

Let me beg you, by all means, to *avoid excessive medication*. If you will recur to the history of the cases I have given you, you will notice how very few were the medicines exhibited. With beef essence, quinia, an occasional laudanum injection, and in some cases a little brandy, you will be able to treat successfully very many of the cases of this miasmatic typhoid fever, always supposing your patient is not killed by articles of food brought him by well-meaning but injudicious friends and visitors.

COMMUNICATIONS.

Vomiting, a Symptom of Pulmonary Tuberculosis.

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This is a frequent symptom of phthisis. It constitutes a prominent feature of this malady about fifteen times in one hundred cases. Its origin may be traced to a variety of causes, very prominent among which are irritation of the pneumogastric nerve, inflammation, ulceration, and softening of the mucous membrane of the stomach, and certain lesions of the kidneys. When it occurs from simple irritation, as in coughing, there is commonly no epigastric pains, the appetite is usually good, and when food can be retained the digestion is easy. When it takes place from lesions in the stomach, it is generally attended with more or less anorexia, accompanied with severe gastric pains immediately after eating.

When, on the other hand, it arises from kidney disease, the vomiting may be very severe and persistent, but it is not often accompanied with gastric pains, and at times food may be taken with impunity. The diagnosis, however, in this instance will be made more clear by a careful examination of the renal symptoms. By neglecting this we may fall into serious mistakes, and pursue a course of treatment which may be very injurious to our patient.

In 1855, I attended a woman who, in addition to the usual signs and symptoms of pulmonary tuberculosis, complained, immediately after eating, of weight and pain in the epigastrium, with nausea and vomiting. The ejections from the stomach were composed of undigested food, an acid fluid, and small quantities of bile. The vomiting did not appear in any way to be influenced by coughing. Her bowels were commonly very much relaxed, and the stools were very thin; mouth hot and dry; tongue red and clean; urine scanty, but normal in color. She complained of some difficulty in passing water, but as this is common in some cases of phthisis, we did not examine the condition of the renal organs as rigidly as we should have done, and therefore did not detect the disease which was revealed by subsequent post-mortem examination.

As her decline progressed, the oppression and distress in the epigastrium became more constant, and the vomiting more persistent and severe. The mildest drinks were retained but a few moments, when they were rejected with the greatest violence. For many days previous to death, she could retain nothing but a few drops of laudanum and small quantities of gum water. Vomiting and nausea constituted her chief suffering. So completely did they mask all the pulmonary symptoms, that a friend of mine, who had been invited to consult with me in the case, affirmed most positively that her malady was chiefly gastritis. Nothing in the shape of medicine, excepting the opium, appeared to have any influence in mitigating her sufferings. Her disease was rapid in its course, proving fatal in only three months from its commencement.

Post mortem revealed limited tubercular disorganization of the superior lobe of the right lung, with some isolated deposits in the superior lobe of the left. The bronchial mucous membrane was red, and in some places slightly softened. The heart was smaller than common, and its wall very thin and flabby. The stomach was very small; its mucous coat was red and injected, yet there was no softening or ulceration. The muscular coat, however, was much whiter than usual, and in many places was raised in thick bands of four or six lines wide, giving the walls of the stomach an appearance resembling a barred bladder. With these exceptions it looked healthy. The mucous membrane of the small intestines was healthy, with the exception of a few small indurations and ulcers near the cæcum. The colon and rectum were quite red, but showed no marks of disorganization. The mesenteric glands were rather voluminous, but healthy. The spleen and liver were small, but healthy. The right kidney was shrunk, granulated, and fissured. Its cortical substance was very much wasted; and on a microscopical examination many of the tubes were found stripped of their epithelium, while some of the cells were filled with fat. The left kidney was somewhat smaller than usual, but exhibited no particular marks of disease.

In the post mortem of this case we were somewhat disappointed, for we expected to find extensive lesions in the mucous membrane of the stomach. Where such excessive pain, nausea, and vomiting occur, persisting with an unyielding pertinacity in spite of treatment, we commonly look for softening and ulceration, with induration and thickening of the walls of the stomach. But it is very evident in this case the vomiting did not depend upon the disease of the stomach alone, for this was very trifling. The disorder of the kidney obviously contributed much to its severity. There is a most wonderful sympathy between the stomach and kidneys. We have frequent illustrations of this in nephritis. Some of the most obstinate cases of vomiting that I have ever met with, have in a great measure originated from this cause. I have on several occasions known physicians to treat individuals for gastritis when it has afterward been clearly shown that the disorder was altogether renal.

I met with a very interesting case of this kind in the practice of a physician in a neighboring town. The patient was a young woman, aged fifteen. She had been failing in health for three months. She had never changed, but during the time mentioned had on two occasions very profuse hemorrhage from the nose. The first spell occurred about three weeks previous to my first visit, and the last about ten days, after which she had several severe attacks of vomiting every

day, during which time she was treated for gastritis. Her doctor had treated her vigorously for that malady, but it did not appear to yield; the vomiting still continued.

At the time of my visit, her pulse was 100 per minute, and very sharp. Respiration 30; tongue clean and pale; skin hot and dry, with large purpuric spots upon the chest and arms. Bowels costive, and the urine scanty and straw colored. Pain in the back and limbs. The spine very tender to the touch, particularly in the region of the kidneys. Slight œdema of the feet and legs. Countenance dull, complains of pain in the head, and does not rest well at night. Mind gloomy, and disturbed with the most fearful apprehensions. She also suffers at times with palpitation of the heart, and when examined with the stethoscope, the bellow's sound is distinctly audible. She cannot lay on either side; for the moment this is attempted, the nausea and vomiting are increased in frequency and violence. Deep inspirations increase the pain in the region of the kidneys. From the commencement of her illness, she has always experienced more or less trouble in passing urine, and at times it has been attended with considerable pain.

From the purpuric spots, the œdema of the feet and legs, the trouble in passing urine, and the absence of any grave symptoms of gastritis, save nausea and vomiting, we were led to suspect the existence of granular disease of the kidneys, which suspicion was confirmed by a careful examination of the urine. Its specific gravity was 1012. Heat and nitric acid produced albumen in large quantities. Microscopical examination showed an abundance of uriniferous tubes, epithelium, and fat globules, all indicative of Bright's disease of the kidneys. By mild counter-irritation to the region of the kidneys, and the internal use of creosote, strychnia, quinia, iron, and acetate of potassa, the vomiting was in a great measure relieved, and the patient's comfort greatly promoted. But she finally succumbed to the renal disease in four months from my first visit. No post mortem was allowed; but I was quite satisfied that there was no organic disease in the stomach, that the nausea and vomiting were entirely the result of sympathetic action between the kidneys and stomach.

When persistent vomiting occurs in pulmonary tuberculosis, it is confined mostly to the latter stage of the disorder. Such, at least, was the experience of M. Louis. In cases of this description, he usually found the stomach small in volume, the mucous membrane softened, with ulceration, and in some chance cases thickening of its walls. When these organic changes were confined to the cardiac region, these symptoms were always very mild, so much so as to excite but little attention; but, on the contrary, when they were situated mostly at the pyloric region, the nausea and vomiting had always been the most distressing and severe. When these changes take place during the progress of phthisis in the gastric mucous membrane, it will generally be manifested by epigastric pains, anorexia, nausea, vomiting, and thirst; and in the great majority of instances, no kind of food can be taken, even pure water is frequently rejected; and so great is the patient's dread of vomiting, that he will for a long time resist the cravings of his thirst.

As a symptom of phthisis, vomiting has but little significance. Its occurrence is exceedingly annoying to the patient, and in some instances assists in hurrying him out of the world. I have often observed that those patients who had been the rounds of quackdom, and taken all the vile nostrums that are recommended in the newspapers as specific for the disease, were more apt to suffer from this source than those who have been more carefully treated, and taken but few medicines. It is awful to contemplate the amount of suffering these charlatans inflict upon their deluded victims. The mortality from phthisis, in our judgment, would be greatly lessened if all these unprincipled pretenders were banished from the land, and their nostrums emptied into the sea.

Again, I have frequently observed that those phthisical patients who have been in the habit of using ardent spirit, and have continued to take it during the first stages of their malady, were more apt to suffer in the last from stomach derangements than those who have never used it. And how could it be otherwise? No one can wonder at it when he contemplates the injurious effects of that narcotic poison upon the stomach. When taken in health, even moderately, it produces effects that are very nearly allied to inflammation; this has been abundantly proved by Dr. Beaumont in his experiments upon St. Martin. If in health the stomach is thus seriously affected by the use of alcoholic stimulants, how much more injurious must they be when taken in a disorder like phthisis, when it is incapable of withstanding such injurious impressions! Some medi-

cal writers take a great deal of pains to tell us that the lungs of drunkards very seldom contain tubercles. But they are very careful not to mention the formidable lesions which are found in the stomach and other vital organs.

Let me present for your inspection, the stomach of a patient of mine, who died a short time since with phthisis. He had used alcoholic stimulants moderately for some years, and continued to use them during his illness until his stomach would tolerate them no longer. During the last six weeks of his life, epigastric pains and vomiting constituted the most annoying symptoms of his disease. The stomach, you will observe, is much smaller than common, and its tissues are not as firm as we usually find them. Let us open it. You see it contains nothing but a few tablespoonsful of thin, straw-colored liquid, with a few flakes of mucus adhering to its inner coat; the mucous membrane, which presents a grayish-pink tinge, and is quite softened throughout its entire extent, and in several places slightly detached.

Near the smaller curvature, between the cardiac and pyloric orifice, you discover a depression about an inch in diameter, around which the mucous membrane is somewhat corrugated; the corresponding cellular coat is not much affected, but the muscular coat, throughout the whole extent of the depression, has been entirely destroyed, and has been replaced by a white semi-cartilaginous tissue, in which the normal muscular fibres terminate. The submucous layer is softened and very thin, particularly in the pyloric region. The larger blood-vessels are more or less indurated, and indeed every tissue of the organ presents various degrees of structural degeneration, some of which are of recent origin, while others are of longer standing—unquestionably the result of drinking alcoholic stimulants as a beverage. If phthisical individuals would keep their stomach in good working order, and avoid those unpleasant consequences which occur from its derangements, they will do well to avoid the use of alcoholic stimulants with the most scrupulous fidelity; for I have frequently known even one day's moderate indulgence to produce gastric derangements which required weeks to remedy.

Dr. Henry S. Pitkin, of Burlington, Vt., and recently connected with the Kings County Hospital at Flatbush, Long Island, has been appointed an assistant surgeon in the navy.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Medical Clinic, June 7, 1862.

Service of Dr. J. J. Levick.

SCORBUTUS.

This was the case of a seamstress, who, for the few months past, has been employed upon Government work from an early hour in the morning till quite late at night. She has been insufficiently fed, getting a scanty breakfast, little or no dinner, a light supper, and few if any vegetables. This you will mark. She was admitted to the wards yesterday. You will notice the peculiar condition of her gums, much swollen, very vascular, bleeding upon the slightest touch. The odor of her breath is very offensive. She had pain in her limbs and joints simulating those of rheumatism, which might easily be mistaken for that disease, and mortify you with a wrong diagnosis. These symptoms should not deceive you; examine carefully. In the case before you we find very marked petechia on the lower limbs, of a dark-purple hue, and quite distinct. Sometimes they extend over a larger surface, giving the appearance of an extensive bruise or ecchymosis. These spots should not be mistaken for those of typhoid fever. The latter are found all over the body, while the former are more usually confined to the extremities. This disease is essentially one in which the blood is depraved and the system debilitated, giving a tendency to extravasation of that fluid in various parts of the body; and herein lies the danger in severe cases. Extravasation may take place into the hollow viscera, giving rise to hemorrhage from the bowels simulating dysentery, and the patient may die suddenly.

Treatment.—Good food, especially vegetables. As an astringent she may take fifteen drops of the persulphate of iron every three hours. As a wash for the gums we will use the permanganate of potash, with which wash the mouth frequently during the day.

LONG ISLAND COLLEGE HOSPITAL.

Reported by WILLIAM GILFILLAN, M.D.,

Secretary to the Faculty of the Hospital.

FRACTURE OF THE SCAPULA.

Dennis S., forty-six years of age, laborer, native of Ireland. This man was engaged hoisting hogsheads of tobacco out of the hold of a vessel. In applying the sling around a hogshead he became entangled with it; the signal "hoist" was given, and he was taken up along with the hogshead, and severely jammed between it and the combings of the hatchway. He was soon extricated, but fainted away. When he applied at the hospital for relief two days had elapsed since the accident.

The left shoulder was much swollen and greatly ecchymosed; his arm hung powerless by his side. On each inspiration he had a sharp, cutting pain under the scapula, and that side of the chest seemed to expand less fully than the right.

Over the left scapula there was a large fluctuating tumor, from blood extravasated beneath the integument.

On examination, there was no dislocation nor fracture of humerus nor clavicle. After careful manipulation of scapula, *crepitus* could be distinctly felt, especially by steadying the upper margin of scapula with one hand, and moving the lower margin with the other.

The line of fracture seemed nearly horizontal, and immediately below the spine. No fracture of the ribs could be discovered, though from the great swelling and infiltration of the soft parts this could not be definitely settled.

The treatment consisted in applying a firm broad roller around the chest, and having a soft pad applied over the scapula. As bandages applied around the chest are apt to slip downward, the upper edge of the roller behind was connected with the upper edge in front by a strong broad stay passing over the shoulder. This effectually prevented motion between the fragments. The arm was put in a sling, and some morphia given to ease the pain in the chest.

At the end of seven days the dressing was removed, having remained in situ without any trouble, the swelling was beginning to subside, and for some days he had no pain in the chest. The same dressing was reapplied, and occasionally tightened as the swelling diminished.

On the twenty-fourth day after the injury all dressing was dispensed with. Union had taken place, and the swelling from extravasation was nearly gone. No deformity of the scapula could be discovered, and he could move the arm in every direction.

DISLOCATION OF HUMERUS, OF FOUR WEEKS' STANDING, REDUCED.

Johanna Staut, sixty-eight years of age, German. This woman had always enjoyed good health. Exactly four weeks ago, when walking in the street, she was tripped by some boys, and fell on her left side, with her left arm extended above her head. She called in a physician, who prescribed a liniment. Twelve days after the accident another physician saw her, and told her that her shoulder was dislocated; he then proceeded to manipulate, and told her he had reduced it. No bandage was applied, and she experienced no relief from the proceeding.

She was brought to the Long Island College Hospital, December 30th, 1861. She complained of great pain in the arm, and down to the fingers, inability to use the arm or raise it, and great pain in attempting to do so. The hand was livid and cold.

On examination, the acromion is unusually prominent, and a depression underneath it. The axilla and axillary margin seem fuller than natural. With great difficulty she can raise the hand to the tip of the opposite shoulder, but the elbow is then carried out from the side. On manipulation, the head of the humerus is felt rotating below the clavicle, internal to the coracoid process.

The patient, though of small stature, was robust for her years, and it was deemed advisable to anæsthesiate her before attempting reduction. A mixture, of chloroform seven parts, and ether three parts, was now administered to her by Dr. E. N. Chapman. A sheet was then passed around the chest for counter-extension. I made strong extension outward by pulling firmly on the hand and elbow, and after a time pulling straight downward in the axis of the body. Finally, I carried the arm across the body by a rapid movement, hoping to tilt the head over the coracoid process. The head moved, but did not enter the glenoid cavity. Dr. D. A. Dodge now passed a towel round the humerus near the axilla, and pulled steadily outward, while I repeated the same movements as before. This time the head slipped into the glenoid cavity with a slight grating sensation, and the symmetry of the shoulder was at once restored. A small pad was placed in the axilla, and the arm bandaged to the side. Considerable swelling and pain followed the reduction for a week, but it yielded to lead and opium fomentations, and the patient gradually regained the use of her arm.

RECENT DISLOCATION OF THE HUMERUS—DOWNWARD.

January 20th, 1862, Henry Beresford, fifty years of age, laborer. Two nights previously, while returning from work, he slipped upon the ice, and fell heavily on his left shoulder. Since then he has not been able to work, or, in fact, to raise his arm.

On inspection, the arm hangs by the side, the elbow thrown a little forward, and turned out from the side; the acromion is prominent, with a depression underneath. The head of the humerus is felt in the axilla, toward the margin of the pectoral muscle. The arm is fixed in one position, and an attempt to move it causes much pain. As he was emphatically a man of *thews and sinews*, chloroform was administered.

The same manipulation was used as in the preceding case, and at the first attempt the head went into the glenoid cavity with an audible snap.

The arm was retained to the side by a bandage. There was immediate relief from pain, and no inflammation resulted.

FRACTURE OF THE CERVICAL VERTEBRÆ; DEATH IN TWENTY-FOUR HOURS.

William Cummings, aged twenty-three, carter, native of Ireland. On the morning of Feburary 12th, 1862, this man fell from the frontboard of his cart while in motion. He reached out to adjust some part of the harness, and at that instant the cart jolted, and he fell to the ground on his

head, a distance of less than five feet. *He could not rise;* he was carried home, and after some time, as he did not regain the power of his limbs, Dr. C. H. Murphy was called in. Dr. M. at once recognized a fracture of the spine in the cervical region, drew off his water, and advised him to be taken to the hospital. He was admitted about eleven hours after the accident, and I saw him shortly after. He was stout and well built; his face somewhat flushed; his mind clear and active; and he said: "If he only had something to give him power in his limbs, he would be as well as ever he was." He lay on his abdomen and face, and any attempt to move him from this position gave him great pain and a sense of suffocation. His pulse was 120, and rather weak. His *neck* seemed shortened and thick. I did not detect crepitus, but Dr. M. had previously done so. There was complete paralysis, both of sensation and motion of the trunk and extremities. His breathing was a little hurried, and *purely diaphragmatic;* his abdomen was somewhat distended with flatus. The diagnosis was clear; evidently a fracture of some of the cervical vertebræ, most probably the fourth or fifth cervical, or both, with compression or laceration of the spinal cord at that spot. His breathing was carried on by the diaphragm, through the agency of the phrenic nerves, which, springing principally from the third and fourth cervical nerves, had escaped injury.

His urine was again drawn off, and an enema of turpentine and assafœtida administered to carry off flatus. He became rapidly worse; his breathing short and laborious; and he died at four A.M. February 13th, about twenty hours after the injury.

This case proved quickly fatal; and the peculiar posture in which the patient lay, and in which only he felt comfortable, undoubtedly hurried the fatal event, as it opposed a great obstacle to the free action of the diaphragm, which alone sustained his life.

The symptoms pointed strongly to an oblique fracture of the spine, which produced great pressure on the upper end of the cord when he lay on his back. I was anxious to observe the exact nature of the injury by an autopsy; but the coroner and coroner's jury (to whom I appealed) refused to permit a post-mortem examination to be made.

In cases of fracture of the cervical vertebra, death is almost inevitable. I only know of one case reported, where the patient survived the injury. That case is given at length by Mr. Hilton in the *London Lancet* for October 27th, 1860, in his truly practical and philosophical lectures on "Rest" in the treatment of disease. That man was paralyzed in his trunk and extremities, and gained his livelihood by executing drawings. He held the pencil in his mouth, after it was placed there by an assistant. He lived fourteen years after the injury, and finally died from the effects of another accident. An autopsy revealed the fact of fracture of the fifth cervical vertebra, which had united firmly with some projection of new bone into the vertebral canal. This shows that fractures of the cervical vertebra, not injuring the phrenic nerves or their origin, are not *necessarily fatal*, although in the immense majority of cases death ensues in less than a week, and fully one-half die in thirty-six hours after the accident. The indications for treatment are:—

1st. To place the body so that the broken fragments resume their natural position, and thus remove if possible the irritation of sharp spiculæ of bone pressing on and lacerating the cord. It is difficult to fulfill this indication fully, because the bodies of the vertebræ are so deeply placed that the exact nature of the fracture is generally matter of conjecture, and in many cases the body of a vertebra is crushed into debris.

2d. To attend to the evacuation of the bladder and bowels. All these cases suffer from flatus accumulating in the intestine, frequently impeding respiration; and a stimulating enema is of great service in aiding the expulsion of the gases.

3d. To maintain, as far as practicable, perfect rest to favor union.

Withal these are the most fatal cases in surgery.

To be continued.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

SECOND DAY'S PROCEEDINGS.

The Society reassembled at 10 o'clock A.M. The members present yesterday all responded to their names.

After the reading of the minutes of the previous meeting, a communication was read from the Board of Guardians inviting the Convention to visit the Almshouse and its auxiliary establishments.

The invitation was accepted.

The Committee on Nominations reported the following gentlemen, to serve as officers for the ensuing year:—

President.—George F. Horton, M.D., Bradford County.

Vice-Presidents.—Traill Green, M.D., Northampton; Isaac Thomas, M.D., Chester; Franklin Bache, M.D., Philadelphia; John F. Lamb, M.D., Philadelphia.

Corresponding Secretary.—Joseph Carson, M.D., Philadelphia.

Recording Secretaries.—J. Henry Smaltz, M.D., Philadelphia; Joseph M. Stevenson, M.D., Westmoreland.

Treasurer.—Wm. Mayburry, M.D., Philadelphia.

Censors First and Second Districts.—J. S. Zeigler, M.D., Lancaster; A. Parsons, M.D., Bradford; N. Corson, M.D., Montgomery; Jacob Pennypacker, M.D., Chester; B. Richardson, M.D., Susquehanna; Martin Luther, M.D., Berks; James S. Carpenter, M.D., Schuylkill; D. F. Condie, M.D., Philadelphia; Charles Jones, M.D., Northampton; J. W. Gloninger, M.D., Lebanon.

Third and Fourth Districts.—N. Packer, M.D., Tioga; P. Ebert, M.D., Perry; J. D. Ross, M.D., Blair; J. B. Linden, M.D., Huntingdon; W. R. Finley, M.D., Blair; G. L. Sheare, M.D., York.

Fifth and Sixth District.—J. Wishart, M.D., Washington; S.

Cunningham, M.D., Beaver; J. M. Stewart, M.D., Indiana; Wm. Lemon, M.D., Cambria; D. B. Natches, M.D., Lawrence; James King, M.D., Alleghany.

Delegates to the American Medical Association.—John Schrack, M.D., Montgomery; J. L. Galbraith, M.D., Perry; B. F. Schneck, M.D., Lebanon; S. D. Gross, M.D., Philadelphia; A. Nebinger, M.D., Philadelphia; Daniel A. Uhlrich, M.D., Berks.

Commissioners to Medical Society of New Jersey.—D. Francis Condie, M.D., Philadelphia; John L. Atlee, M.D., Lancaster; Edward Wallace, M.D., Berks.

Additional Members of Committee on Publication.—Levi Curtis, M.D., Chairman, Philadelphia; Wm. B. Atkinson, M.D., Philadelphia; Joseph Leidy, M.D., Philadelphia.

The Committee also recommend that the next annual session be held in Philadelphia, on the second Wednesday of June, 1863, at 11 o'clock A.M.

Dr. Cooper, a delegate from the New Jersey State Medical Society, returned the acknowledgments of that body for the complimentary resolution of yesterday. The New Jersey Society, he said, is the oldest on the continent, having been organized in 1794, and, with an intermission of a year or two during the revolutionary war, having held its meetings regularly since that date. Its next annual meeting will be held at Jersey City on the fourth Tuesday in January, 1863, and he cordially invited the Society to attend that meeting. Our centennial anniversary occurs in 1864, and it is the intention of the Society to celebrate the occasion with appropriate ceremonies.

Dr. Evans, of Montgomery County, read the report of that society. Intermittents and remittents in the upper section of the county had almost disappeared, and the sanitary condition of the county is excellent. The society has contributed nine of its physicians as surgeons in the army. In July, on the return of the three months' volunteers, there were numerous cases of fever—some sporadic, others appearing as true enteric fever. Some cases appeared to be contagious. The principal cause of death in those cases terminating fatally was internal hemorrhage. Turpentine was the first remedy applied upon the appearance of enteric symptoms. The discharge from the bowels in such cases is peculiar, imparting a blood stain to linen. In the spring, pneumonia is prevalent in the county, while in hot weather cholera infantum last year was very fatal. A great many children died with it. Its duration was fortunately very short. Fearful dysentery and vomiting took place, terminating in convulsions wholly unmanageable. Typhoid has been more frequent than before.

In the higher portions of the county there has been no intermittent whatever, while scarlet fever, though very frequently occurring, has been more manageable than during any previous time. In the vicinity of the iron mines there had been a vast deal of ague, caused by upturning the soil. Measles, while prevalent, are still treated in the old-fashioned way by physicians claiming to be in the field of progressive medicine. They deny the little patients cold water or pure air, forcing upon them warm and bitter drinks, "and keeping them in heated rooms, lest the rash should be driven back into the system." This treatment of children is very cruel in the opinion of one contributor to the report, who says that in the treatment of those cases he has invariable allowed cold water *ad libitum*. A volume could be filled in detailing the cruelty of this old-fashioned and abandoned treatment.

The report was referred to the Committee on Publication.

The response from Perry County Medical Society was made by Dr. Galbraith, who said that typhoid fever is the principal serious disease, but the county last year has been remarkably healthy. The Society had held discussions relative to typhoid fever with great benefit. Diphtheria along the Juniata has made its appearance. Six deaths occurred in one family, three in another. The disease ran its course and then disappeared. Hooping-cough has been very prevalent. An opinion exists among illiterate people that nothing can be done for this complaint, and medical aid is rarely called in. This prejudice, however, is wearing away as people find that the paroxysms can be mitigated to a great extent by medical treatment. Cases of pneumonia have been numerous, almost amounting to an epidemic, but cases of eruptive disease have been very few.

Dr. Galbraith made allusion to the old-line treatment of measles. The old practitioner, upon the appearance of the disease, gives warm drinks, nauseous and sickening, and orders the patient kept wrapped up in a warm room. This is a cruel course of treatment. Dr. Galbraith was called to see a case recently which he treated thus: The patient was a little girl of seven years old. Upon being summoned, he found the skin dry and harsh, with all the symptoms of the measles, except the eruption. He administered a cathartic, and left an emetic to be taken if the child was not better, and no sign of eruption appeared. After some hours, he was sent for a second time. There was no moisture upon the skin, and no appearance of an eruption. He now ordered cloths wrung in cold water to be laid over the chest. This produced a slight effect, and then they were extended to the ankles, the cloths being saturated in cold water. After a time, the mother was directed to bathe the feet also in cold water. As she began to do so, the child fell asleep, and upon removing the cloth, the desired eruption was found to have extended all over the body. The disease ran its course, and the child recovered with scarcely any suffering.

The report of Perry County, as presented by Dr. Galbraith, was referred to the Printing Committee.

Further communications were received, inviting the Society to visit the military hospitals of the city, the United States Arsenal at Bridesburg, the Pennsylvania Academy of Fine Arts, the new hospital, in West Philadelphia, for the insane, and also one from Mr. John Brodhead, President of the Camden and Atlantic Railroad, extending the Society an invitation to visit Atlantic City.

The communications were accepted, and the

thanks of the Society returned for the invitations.

The report on the sanitary condition of the City and County of Philadelphia was then read by Dr. Corse, setting forth the following statistics of deaths during the past year:—

Apoplexy	162	Dropsy	284
Casualties	122	Heart disease	264
Congestion of brain	276	Scarlet fever	1190
Dropsy of brain	222	Typhoid fever	281
Disease of brain	112	Bronchitis	138
Inflammation of brain	306	Inflammation of lungs	681
Convulsions	636	Inflammation of stomach and bowels	231
Consumption of lungs	1817	Marasmus	533
Croup	304	Old age	203
Cholera infantum	618	Palsy	159
Diphtheria	502	Small-pox	158
Debility	826		
Dysentery	167	Total	10,693
Diarrhœa	183		

The report states that the atmosphere of Philadelphia is naturally very salubrious, and is deteriorated by the contaminations incident to domestic life. This impurity can only be prevented by hygienic measures, and by removing the offal as it accumulates in the streets. The increase in the number of deaths in some of the diseases is owing to soldiers contracting them in camp and returning partially cured. Regarding the great mortality resulting from consumption of the lungs, it is stated that, from the observations of medical writers, one-sixth of the human family die of this disease. The report was referred to the Committee of Publication.

Dr. Atkinson presented biographical notices of several deceased members of the County Medical Society, which were similarly referred.

The following amendments to the constitution were made: Section 1, article 3, was amended so as to read that the Society shall consist of delegates and associates; section 2, the words "and to the permanent members" were inserted before "shall be intrusted the management of the Society;" section 5, altered so as to read "every member of the county society having once served as delegate shall be thereafter a permanent member of the State Society so long as he conforms to its regulations, and is in good standing in his county society;" section 6, permanent members shall be entitled to vote and participate in the discussions and elections, and have all the privileges of delegates, except eligibility to the offices of the Society; article 4, section 3, altered so as to read "none but delegates shall be eligible to the offices of President, Vice-President, Secretaries or Treasurer, or Delegate to the Medical Association, but permanent members may be appointed on committees of the Society;" article 6, section 1, "provided that in any county where no society exists, the members of the profession in such county shall have the privilege of uniting with the association of any adjoining city or county, which membership shall only continue during the time that no organized society shall exist in the county in which they reside." The constitution as amended was directed to be printed with the Transactions.

Dr. Mayburry offered the following resolutions, which were adopted:—

Whereas, The organization of the profession in this State into county medical societies has not progressed as rapidly as was expected by the founders of this Society; and *whereas*, we believe this body sufficiently influential, if proper and persevering efforts be made, to accomplish the objects contemplated in its organization; therefore

Resolved, That it be enjoined on the delegates from each county society, with the co-operation of the society they represent, to make special efforts, by correspondence and personal visitation, to effect organizations during the present year, adjacent to those in which societies now exist, and that these delegates be constituted committees for that purpose, with instructions to report the result of their efforts severally to this body at its next annual session.

Resolved, That in furtherance of this measure, the delegates from the Philadelphia County Medical Society, in conjunction with that Society, be instructed to make all possible efforts to reorganize the profession in Delaware, Northampton, and Alleghany Counties; that the Lancaster Society be instructed to make similar efforts to organize the profession in the Counties of Dauphin and Cumberland; in like manner, the delegates from Berks County, in connection with their Society and profession in Lebanon and Lehigh Counties; those from Chester County, and the profession in York and Adams Counties; those from Montgomery, that in Bucks; those from Beaver, and the profession in the Counties of Lawrence and Washington; those from Bradford, and the profession in Wyoming and Tioga Counties; those from Indiana, that in Armstrong; those from the Susquehanna Union Society, the profession in Union and Northampton Counties; those from Perry, that in Juniata; those from Luzerne, that in Carbon; those from Westmoreland, that in Fayette; those from Blair, that in Bradford.

The Committee on Criminal Abortion were, on request, continued without reporting.

THIRD DAY'S PROCEEDINGS.

The Society was called to order at 10 A.M., President Wallace in the Chair.

Dr. Darrach moved that a committee be appointed to consider and report at the next session on the expediency, importance, and practicability of establishing a daily medical gazette.

In making the proposition, Dr. Darrach said that the institution advantageously exists in Europe. In this country the medical annuals have been the occasion of the semi-annuals, these the quarterlies, these the weeklies, and it is now time for the appearance of the daily.

In all departments of science, except that of medicine, in the United States, the daily gazette has become indispensable. Such a journal would supply the modern demand for fresh intelligence, and would not displace the larger medical publications, but rather by creating a habit of daily medical reading, at all times and places, on prac-

tical medicine, make the efficient practitioner, and increase the demand for medical pamphlets. Not the least advantage would be the securing of the opinions of experienced and skillful practitioners.

The motion gave rise to an animated discussion, in which Drs. Galbraith, Condie, Nebinger, Darrach, Early, and Winans participated, the latter of whom proposed an amendment, enlarging the number of the committee by the addition of the delegates from the county societies. The amendment was accepted, and the resolution unanimously adopted.

The committee appointed upon the above resolution are Drs. Darrach, Condie, Nebinger, Bell, and Galbraith.

The thanks of the Society were tendered to the various railroad companies for facilities afforded the delegates in attending the session; the University of Pennsylvania for the use of the room; the Committee of Arrangements; the Managers of the Cooper Shop Refreshment Saloon for a substantial entertainment given the Society the day previous; the managers of the different institutions which the Society visited.

Dr. G. F. Horton, the newly-elected President of the Society, was then duly installed into the office. Dr. Horton is a prominent practitioner of Bradford County. Upon taking his seat he made the following remarks:—

Gentlemen of the Medical Society of the State of Pennsylvania, accept my grateful acknowledgments for the distinguished honor you have conferred upon me in selecting me as your presiding officer. As unexpected as it was unsolicited, I feel myself under additional obligations to do all that I can do to render our associated labor pleasant, successful, and useful. Unaccustomed as I am to presiding over deliberative bodies, I feel that I shall often need your indulgence and your kind assistance.

As a medical fraternity we love science in general, and the science of medicine in particular. We cultivate it because we love it, and we love it because we cultivate it. Let our march, then, be onward and upward, and true to the line.

I regard the position you have assigned me, gentlemen, not simply as creditable to myself, but also as a tribute of your respect for that portion of our State which I have the honor to represent. Bradford County, firm as Gibraltar's rock for liberty and Union, our Constitution, and our nationality, will ever be found in favor of medical organization, medical education, professional dignity, and permanent advancement.

Permit me, again, to tender you my cordial thanks, and renewedly to pledge you my heart and my hand in the good work of advancing and securing the interests of our holy profession.

A resolution was then offered instructing the Secretary to correspond with the medical societies of the other States, with a view to the interchange of documentary matter.

Dr. Condie desired to solicit the co-operation of the medical societies throughout the State in a movement for the promotion of public and domestic hygiene. Such an institution exists in Europe, and has done much good by circulating tracts on the subject, thus ameliorating the condition of cities and neighborhoods, more particularly of the poor laboring classes.

There is no science more adapted to do good to the community than that of hygiene, and none which is less understood. Until subsequent to the prevalence of the cholera in Philadelphia in 1832, it received no adequate attention from the medical profession, and even now most pernicious and dangerous doctrines are put forth by some of its members. Among the errors promulgated, is one to the effect that men from the country are possessed of more stamina than those living in cities. The present war has shown the contrary.

A course of lectures on hygiene has developed the fact that morals and a proper hygienic condition are intimately connected. Much of the deterioration in the morality of cities is owing to the want of proper food, clothing, lodging, and other necessaries.

Dr. Condie concluded by stating that a movement to the end designated would be made, and he hoped the Society would tender their co-operation.

The Committee on Meteorology reported progress, and were continued.

Dr. Nebinger referred to the Herculean efforts of the late treasurer, Dr. Thomas, in behalf of the State Society, and on motion a special vote of thanks was tendered to him.

Thanks to the retiring officers were passed by a unanimous vote.

The Society then adjourned to assemble again on the second Wednesday of June, 1863, in this city.

NEW YORK ACADEMY OF MEDICINE.

June 10, 1862.

ALBUMINURIA.

(*Continued from page* 220.)

Professor Alonzo Clark, in resuming the subject, remarked that Goodfellow's book on the kidney contained a statement that the urine of those having Bright's disease gives off a strong hippuric odor after they have eaten asparagus, and a strong violet odor after the administration of turpentine. He had made experiments with the view of testing this assertion, with the following results: twenty drops of turpentine were given to five patients who had œdema, and whose urine was albuminous; the peculiar odor was distinct in four, but did not exist in one; in these four albumen was absent at the time of the experiment, but was present in the one case where the odor was absent. Experiments with asparagus at St. Luke's Hospital were made upon six cases of Bright's disease, with the following results: the hippuric odor did not exist in three; in these the albumen was for the time absent; a second

experiment was made with the same result. Five cases, tested at Bellevue Hospital, gave a similar result; of eight experiments made, the odor was not found in any, yet only in part of these albumen was not present. The statement referred to seems to be borne out, therefore, with regard to asparagus, but not with turpentine.

There is generally a strongly urinous odor exhaled from the surface of the body, especially from the armpits, and in the perspiration. A few days ago he saw a child that had been suffering from convulsions several days, the urine had no albumen, and contained no casts, nor presented any of the ordinary indications of Bright's disease, yet the odor of urine was very strong in the perspiration, and the child died of disease of the kidney.

Causes.—No part of the subject, except the treatment, embarrasses him so much as the question of the causes of Bright's disease of the kidney. It does not seem to him that we do know the cause in all cases—it is often secondary to other causes—but there is no doubt that cold and dampness favor its development. Persons who are much in the water are more subject to it than others. Are alcoholic liquors a cause? Goodfellow pretends to be able to tell the kind of liquor a man has drank by examining his kidney. He cannot agree with Goodfellow in asserting that the small kidney is found in those who have used alcoholic drinks. The small kidney exists when parties have been perfectly temperate. Dr. Watson had a case, fifty-eight years of age, perfectly healthy through life, and temperate to a proverb. As a reason for his temperance, he said that, when a child, his mother gave him gin on one occasion, and made him sick, since which he had an unconquerable aversion to all kinds of alcoholic drinks—this man died of Bright's disease, and furnished a marked specimen of contracted kidney, and cirrhosis of liver. He recalled another case, similar, of contracted kidney, weighing only one and a half ounces, and hob-nailed all over. Might cite doubtless twenty other similar cases; and might pick from his diary many more, in which the kidney was contracted, and the patient perfectly temperate. He cannot, therefore, concur with the statement of those who pretend to tell the habits regarding the use of stimulating drink from the appearance of the kidney. Among his thirty cases, nine drank freely; three were temperate; of four small kidneys, two were intemperate; one temperate; one not noted—the smallest of all his kidneys was in a temperate man. While he is willing to admit that alcoholic drinks have their influence in producing one or the other of these forms of disease, (large or small kidney,) he is of the opinion that Goodfellow very much overrates their influence.

Pathological changes.—We find, in a certain proportion, an increase of the fibrous element of the kidney, although Johnson says this does not take place. There is, also, a degeneration of epithelium into granular matter, producing the granular kidney. The doctrine that the kidney is producing epithelial cells, and throwing them off daily, is pretty thoroughly exploded, as shown by the plates exhibited, which were copied from drawings made by the professor from the diseased kidney.

Fatty degeneration is an unimportant circumstance, it being only a secondary effect—seven fat globules are too many for one cell—one, two, or three may exist in health; in some the cells become bloated by the oil globules contained. Diseased cells have a very marked tendency to leave the tubes, and then the oil globules adhere to the tubes next to them. Thus there may be a granular and a fatty degeneration of the cells of the tubes, in both of which cases they leave the tube wall—the oily and fatty often occur in the same specimen, but in such cases the granular is the predominating one.

Size of Kidney.—He is not satisfied why one kind of kidney should be so much larger than the other. It has already been suggested that the large kidney is oftenest found with œdema. Its size is undoubtedly partly due to the occurrence of granular matter and interstitial deposits called exudates, which are the same kind of deposits as are found in the cells. This condition arises from diseased circulation in the kidney.

Circulation.—In the large or small kidneys the vascularity is materially changed. The stellate or arborate vascularity occurs in the large and small kidney, but not in a healthy condition nor in the middle sized kidney.

The whiteness of the large kidney is a curious circumstance, and is due to a change in the vascularity, not only from arrangement, but from quantity. There is not the usual amount of blood, which is one cause of the whiteness. Again, in every instance of white kidney there is found either a granular or fatty degeneration of cells and tubes or intertubular spaces. This statement is new. He has taken out the little white grains, and under the microscope has found them made up of granular and fatty matter in the first instance. The whiteness is then due in part to adventitious deposit of fat or to granular degeneration. There is an appearance worthy of notice at the conical ends of the pyramids, viz., a white condition, also a firmness. The cause may be found in the fibrous change. Of fifteen instances, noticed in thirty cases, nine were fibrous, abundant in four, two were not fibrous. In two that were not fibrous fatty degeneration was very marked, and these were the only instances. Four were markedly fatty in granular, in tubular, or parenchymal portion.

Adherence of the capsule is not of much importance. Nineteen adhered strongly; of these eleven were fibrous; it is no guide to its fatty condition. Opaque and thickened capsule is more commonly found with fatty kidney.

Little pits looking like broken cysts are to be seen. There were eight instances in his thirty cases; they are the uriniferous tubes, not Malpighian bodies.

Cysts are worthy of notice. He had two in-

stances only in his thirty cases, for he had only four cases of contracted kidney. They seem to be a curious structure; he believes they are new bodies. They appear very small under the microscope at first, but grow to the size of the thumb, destroying life even independent of Bright's disease. They are not a hypertrophy of the Malpighian bodies, but *new bodies*, as he announced some years ago in the Pathological Society, but has had no supporters of his opinion except the late Dr. Isaacs. Since June, 1858, he had treated, in consultation, 200 cases of Bright's disease outside of hospital practice, averaging about one a week, and has preserved notes of examination of urine in between 100 and 200.

Specific Gravity.—In 108 cases examined, the lowest sp. gr. was 1·002, the highest 1·042; fifty-seven were below the standard of healthy sp. gr. In Bright's disease, complicated with heart disease, the sp. gr. is considerably higher; the lowest examined was 1·006, the highest 1·027; the average 1·017. Uncomplicated cases gave an average sp. gr. of 1·012. Two cases of pregnancy that terminated in Bright's disease, gave a sp. gr. of 1·003 and 1·042.

The most interesting point to him is the occasional absence of albumen. Of 105 cases albumen was not found in twenty instances after repeating the experiment for months; two of these had oxyluria, two had acute mania; and though they had no albumen, they presented casts; casts, however, may be found in urine without albumen, and Bright's disease not necessarily be present. We often find albumen in urine without casts, or, at least, we observe none by overlooking them, owing to their occasionally light sp. gr. Keeping the urine a time, allows the casts to fall down, when they may be sought for. He examined the urine in one case four times without finding it; but afterward found it on letting the urine stand before examination. Thus, casts may exist when we pronounce them absent. They may settle rapidly to the bottom of the vessel containing the urine, after which the urine for examination may be poured off, and the casts remain behind. Two cases contained neither casts nor albumen, yet presented all the other symptoms of Bright's disease.

We need improvement in the tests for albumen—heat and nitric acid will not accomplish everything. Albumen sometimes appears under test after standing all night. Pouring acid into hot urine will sometimes detect it, when neither will do so separately.

Treatment.—This is the most unsatisfactory part of the subject. The successful treatment of confirmed cases is yet to be discovered. That which occurs after scarlet fever; that after cold; that with smoky or dark urine are the acute forms, and are generally curable; at least, they get well. There is not much danger from œdema after scarlet fever if the skin can be kept moist, the bowels open, the patient free from colds, etc. The same is true of cases following pregnancy. Those cases which are not benefited by mild treatment he considers hopeless. Corrosive sublimate in tincture of bark he thinks useful. Cups, leeches, and bleeding afford temporary relief; also purging. Temperature and clothing are very important. At Bellevue Hospital, during cold weather, the floor on a basement ward was taken up so as to admit a draught of cold air. In this ward were three cases of Bright's disease, which had been doing well until this time, when every one had a marked increase of œdema in forty-eight hours, one of whom died in that time from this cause.

As a means of removing dropsy, purges come in play with benefit. He has given elaterium in $\frac{1}{10}$-grain doses with benefit. In one case, which was considered moribund, before elaterium produced any evacuation, the natural color was restored, and the patient lived a long time, and transacted a great amount of business afterward.

Diuretics are useful. Benefit may also be derived from warm baths, vapor baths, foot baths, hot-air baths. The brethren of Bellevue Hospital claim priority in the use of the hot-air bath; but the apparatus first used there was the invention of Prof. Clark. *The first arrangement for hot-air bathing was constructed by him.* Diuretics of a stimulating nature are objectionable. Turpentine is prohibited. Iodide of potassium may be safely used. Complications may be treated as in other cases, except meningitis. Œdema of the lungs is one of the most formidable complications; for which we may cover the chest with dry cups, use the foot bath, inhale Hoffman's anodyne and bals. tolu, administer a brisk purge, and then quinia if there is a tendency to recurrence. Convulsions are not to any great degree the subject of treatment. Venesection is as justifiable as in other cases.

In dyspnœa, if a purge is not admissible, opiates may be given. The best form is morphia to a blistered surface, or the neutral supersulphate of morphia injected under the skin. Administered in the latter mode it is the most effectual, and does not produce disagreeable nausea. One-half or two-thirds the usual quantity thus administered is sufficient.

He had stated on a previous occasion that diabetes was not known to terminate in albuminuria; but had himself seen two cases thus terminate, and has since noticed one mentioned by Camplin, thus confirming his own observation.

To be continued.

A Prize.—A prize of twenty thousand francs has been offered at Paris, for the best essay on the "Regeneration of Bone," in the hope that, eventually, medical science will no longer have to resort to amputation.

Dr. J. Addison Truman, of Orange, N. J., has received the appointment of Assistant Surgeon in the army, and has entered upon his duties near Yorktown.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Advice to a Mother on the Management of her Offspring. By PYE HENRY CHAVASSE, F.R.C.S.E., etc. etc. Reprinted from the Sixth London Edition. New York: Baillière Brothers, Publishers. pp. 172.

We have examined this little manual with pleasure, and can confidently recommend it as a safe and judicious book to place in the hands of mothers and those who have the care of children. It contains much excellent advice for the management of infancy, childhood, and youth, and gives many practical maxims in the treatment of diseases incident to children, which are valuable and important. Some of the instructions given need a little modification to suit American society, and some, perhaps, might just as well have been omitted; but the general character of the work is excellent, and will be well calculated to do good among the class for whom it is more especially designed.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JUNE 21, 1862.

RED TAPE.

This is a phrase which has been recently introduced into our vocabulary. If we rightly understand it, it means order, system, and regularity in the transaction of business. Those who use it, however, bandy it as a word of reproach, intending thereby to express their disapprobation of the systematic and orderly method in which the Government transacts the business of all of its departments. It interferes with their schemes of plunder, it may be; it establishes the idea of responsibility and accountability, which ill accords with the loose notions of Young America. But it is in reference more particularly to the medical bureau of the Government that this system is thought to be most irksome and odious. If "supplies" are needed for the sick and suffering soldier, a "requisition" must be made out for the articles needed, and this must pass through the appropriate channel to the appropriate officer, whose signature is necessary to its completion. A process like this requires time. It cannot be accomplished in a moment. The required supply will come, but not quick enough to satisfy the ardent sympathies of him who bends over the suffering one, or whose inmost soul is filled with anguish at the sight of distress. It should be forthcoming at once. Away with formalities, when our common humanity is suffering unto death! Away with paper "requisitions," when the brave defender of his country lies wounded at your door! A truce to order and system, when the life blood is fast ebbing away! Unlock the doors of the nation's granary! Cut loose the strings that bind the healing leaves of mercy and compassion! Bid him who chooses enter and take what he will! Nay, stay not his hand, but let him carry out thence, as an angel of mercy, that which shall comfort the distressed, bind up the wound, or smooth the dying pillow!

Now all this may seem well to him who looks only at the present and who takes no note of the future. To such a one the restraints imposed by system and order are irksome, and to accomplish a present good he would run the venture of destroying the possibility of blessing in the future. To subserve a worthy object in the present, he would place it beyond his power to favor a suffering friend perhaps when most he needs it. For where shall the end be when once order is changed to confusion? What hand shall arrest the desolation, when once the barriers of system and regularity are broken down? What voice shall say, "Thus far shalt thou go, and no farther?"

But it may be said there is no intention of destroying *all* system in the transaction of business; the design is only to accommodate particular cases in which injury may be committed by delay. The plea is plausible. But who shall decide that point? and who shall say whether greater injury will not result from disturbing the systematic routine of business than from a brief delay? Who does not know that one innovation only paves the way for another; that a barrier once broken is not easily repaired; that the misplacement of one cog in a piece of mechanism will throw the whole machinery into confusion and disorder? It may be that delays are sometimes unnecessarily made and protracted; officials, who have long fed at the public crib, may grow indolent in the performance of their duties, and may need the stimulus of impending displacement to quicken their energies. But order should not therefore be made disorder. The system is not at fault. More of energy, and promptness, and life should be infused into its details, and, if needs be, those who hinder, by their laziness and inaction, should give place to better men. We admire order and system in the transaction of

business. In the ordinary routine of mercantile life it is indispensably necessary to thrift and prosperity; more especially is it necessary where the interests not so much of the few as of the many, where a nation rather than a few individuals, are concerned. Here we would not abate one tittle of the routine, we would not swerve the breadth of a hair from the fixed order of business. The interests at stake are too many and too extensive. Responsibility and accountability should be held paramount. We would kindle a fire of public indignation around the lazy official, which should wake up his sluggish soul to proper efficiency, or which should drive him out of his seat: this would be legitimate. But to decry the system of order in the transaction of the business of Government, and sneeringly characterize it as red tape, is neither manly nor generous.

EDITORIAL NOTES AND COMMENTS.

Pennsylvania State Medical Society.—The Thirteenth Annual Session of this Society was held during the last week at the Hall of the University of Pennsylvania. The attendance was small, and yet we believe nearly every county society in the State was represented, and there were delegates from some counties in which no societies have been organized. It is a lamentable fact that the medical profession in the State is not thoroughly organized. But few counties have any organization at all. In some the value of an association so intimately connected with the welfare of the profession, is not appreciated. This subject was one that engaged the serious consideration of the State Society, and the plan proposed to secure the organization needed, we trust will be carried promptly and fully into effect. And still we are well satisfied that no plan for this purpose will succeed, unless the profession of those counties is aroused to the importance and necessity of it. There needs to be here, as in every other philanthropic movement of the day, an *esprit du corps* in order to secure the greatest success.

The reports from the county societies were exceedingly interesting and instructive, and were highly commendatory to those who prepared them. The resolutions relative to the establishment of a daily medical journal gave rise to an animated discussion. We were pleased to observe the enthusiasm manifested by the speakers who addressed the Convention, and most cordially indorse the sentiments advanced by one of them, in saying, if the profession *will it*, they can sustain amply a weekly medical journal; if they *will it*, they can also sustain a daily. The question of practicability, *will they do it?* is the important question to be decided.

The delegates of the Society were invited to visit the hospitals and public institutions of the city, and spent the interim of their sessions in that manner, thus becoming acquainted with the large-hearted benevolence of the "City of Brotherly Love." Indeed, it seemed to be the determination of the committee of arrangements and the public generally to make the brief sojourn of these disciples of Esculapius among us so pleasant and agreeable as to induce them to return double-handed at their next anniversary,

"A consummation devoutly to be wished."

In our last and present issue we give a full report of the proceedings.

Surgeon Dismissed from Service.—Surgeon Daniel S. Hays, of the 110th Regiment, P. V., has been dismissed from the service by order of Secretary Stanton. He is charged with "gross dereliction of duty, having been ordered to conduct to this city (Washington) a large detachment of sick and wounded men, and having shamefully neglected them after their arrival."

While we make this announcement, so essentially affecting the character of a practitioner of medicine, it is but just to say that Dr. Hays claims in his justification that he telegraphed to Washington, before he started with the detachment, that he was coming, and that for some unaccountable cause his dispatch did not reach its destination; that he arrived late at night, (ten o'clock,) and finding nobody in waiting to receive him, and no provisions for receiving his train, he left the soldiers in charge of the assistant-surgeons, and retired to a hotel to get a few moments of much needed rest, being completely exhausted by the duties of the previous three days.

We have only to remark that the prompt and decisive action of the Secretary of War in this and two other cases similar in character, must be convincing proof that the Government will tolerate no inhumanity or neglect to the wounded or sick soldiers. The surgeon must perform his duty fully, promptly, and faithfully. His own

personal ease and comfort must be sacrificed for the proper care of those under his charge; and this is well. The surgeon who does not understand such to be the requirements of him, or who undertakes to evade them, will find himself disgraced before the profession and the world. If these summary proceedings (for such they seem to be, since no opportunity was given for defense or justification) shall stimulate the members of the medical staff to the prompt fulfillment of their duties, it will be vastly better for the sick and wounded soldiers, and tend greatly, no doubt, to promote the sanitary condition of the army.

While, therefore, we would wink at no neglect of the sick and wounded by the surgeon, we cannot resist the conviction which forces itself upon us that Secretary Stanton, in this instance, was unnecessarily harsh, hasty, and abrupt. There were mitigating circumstances, and these ought to have had their deserved weight in the decision. The dignity of the profession, as well as that of the Government, was concerned, and both would have been more fully vindicated by a more deliberate, calm, and dignified treatment of the case on the part of the Secretary, and might have saved him the humiliation of making a decision which may require to be reversed.

Army Hospitals in Washington and Vicinity.—The following statement of the hospitals in and about the capital, their surgeons, number of inmates, etc. will, no doubt, be interesting to all our readers:—

General Hospital, Judiciary Square.—This hospital, under the direction of Assistant-Surgeon E. P. Vollum, U. S. A., and the largest hospital in the city, was constructed last winter, under the auspices of the United States Sanitary Commission, and is admirably arranged, both for the comfort of patients and convenience of the nurses. This hospital is divided into ten wards, each ward separate from the rest, and occupying a wing-room running out at right angles from the general passage-way. Each ward is divided into five rooms for the treatment of the patients and comfort of the nurses.

The patients in this hospital, now numbering 544, are all doing well.

The old patients here are mostly suffering from chronic rheumatism and remittent fevers, assuming a typhoid form, while the late patients from the battle-field of Seven Pines are mostly prostrated by bayonet or gunshot wounds.

Douglas Hospital, Minnesota Row.—This hospital is under the direction of Assistant-Surgeon Warren Webster, U. S. A., and is situated in one of the pleasantest portions of the city.

These buildings, formerly occupied by Senators Douglas, Breckinridge, and Rice, are truly luxuriant.

The sick soldiers at present under treatment number 360.

Stone Hospital is situated amid a profusion of green shrubbery, and commands a view which, to the lover of the picturesque, is truly delightful.

The building is situated on the southern slope of Meridian Hill, looking toward the Capitol, and is under the charge of Assistant-Surgeon B. E. Freyer, U. S. A.

Mount Pleasant.—This hospital is also under the direction of Surgeon Freyer, and in its external and internal arrangements it is the exact type of the Judiciary Square Hospital mentioned above. It is situated on the summit of Meridian Hill, about a mile and a half from the city; and, like Judiciary Square Hospital, it is furnished with running water, ice, and an abundance of female nurses.

The patients at present number 266; 280 having become convalescent, and been removed to the barracks on Capitol Hill.

Carver Hospital is situated between Mount Pleasant and Columbia Hospitals, on both sides of the Fourteenth Street Road. It is composed of fifty buildings built like barracks, and each building divided with three partitions.

The buildings surround an open space or court-yard of about ten acres, are neatly whitewashed, and picturesquely located among the trees. It is under the direction of Assistant-Surgeon William A. Bradley, U. S. A., and contains at present 573 patients.

Columbia Hospital, on Meridian Hill, was formerly occupied as a college. Like Stone Hospital, it is situated in a lovely spot, looking toward the Capitol, and is surrounded with trees and shrubbery.

Assistant-Surgeon Abatie, U. S. A., who has charge of the hospital, reported 341 patients.

Clifburn Hospital.—This hospital is situated about one mile and a half in the rear of Georgetown, and is under the direction of Assistant-Surgeon John S. Billings, U. S. A. The patients number 390, among whom are 200 Confederate soldiers, wounded and taken prisoners at Williamsburg.

Circle Hospital is under the direction of Assistant-Surgeon William A. Conover, and contains 173 inmates.

Kalorama Hospital.—This hospital is situated on Kalorama Heights, above Georgetown, and is under the direction of Assistant-Surgeon Robert J. Thomas, U. S. A. The patients here are suffering from eruptive diseases, and number 43. The diseases are variola, or small-pox and varioloid.

Patent Office Hospital, under the charge of Assistant-Surgeon J. C. C. Downing, contains 180 inmates.

Eckington Hospital.—This hospital contains 242 patients, and is under the direction of Assistant-Surgeon W. J. White, U. S. A.

St. Elizabeth Hospital is under the care of Assistant-Surgeon C. H. Nichols, and the number of inmates was about the same as the Eckington.

Hospital at Frederick, Md.—The Frederick Hospital is situated on the outskirts of the town, and has an area of about four acres, inclosed by a board fence. The structure consists of one stone and seven frame buildings. The stone one is an old-fashioned, two-story house, and is about the same length as the State House Row in Philadelphia. It was built by Gen. Braddock, and used by him as a hospital; and it is stated that Gen. Washington, then a colonel in Braddock's army, had his quarters in one of the rooms. The other seven buildings are frame, one story, and are built in the most substantial manner.

It is probably the largest and best hospital in the United States, and at present contains 690 patients. It will hold 700, (including attendants,) and buildings are now in course of erection which will accommodate 200 more. The hospital is under the charge of Dr. R. F. Weir, Assistant-Surgeon. U. S. A., assisted by Dr. Goldsborough and several other efficient and capable surgeons.

RECAPITULATION.

Judiciary Square	544	Circle	173
Douglas	360	Kalorama	43
Mount Pleasant	266	Patent Office	180
Carver	573	Eckington	242
Columbia	341	St. Elizabeth	242
Clifburn	390	Hos. at Frederick, Md.	690
Total			4044

Medical Register of New York City for 1862.—This little volume of nearly 200 pages is the first of a proposed series to be issued annually, and contains a mass of information which must be invaluable to the profession of that city. It contains the code of ethics of the American Medical Association; full statistics from all the medical colleges, hospitals, societies, and charitable institutions of the city; a list of medical books published during the past year, and periodicals; mortality of the city from 1805; necrology for 1860 and 1861; a list of physicians practicing in the city previous to 1764; a chronology of some of the events connected with the history of medicine previous to 1800; and a full list, as we suppose, of all the regular practitioners of medicine in the city. The project is a most admirable one, and its utility is so evident that we wonder a like publication has not been issued before.

Dr. John M. Galt, Superintendent of the Eastern Virginia Insane Asylum at Williamsburg, recently died at that place.

Bellevue Hospital at New York is to receive wounded and sick soldiers. Without greatly crowding, it can admit six hundred additional patients.

CORRESPONDENCE.

Domestic Correspondence.

VERATRUM VIRIDE.

TAUNTON, MASS., June 8, 1862.

MESSRS. EDITORS:—In your last issue (May 31st) is an article on veratrum viride, pronouncing it both dangerous and unsafe even in small quantities. I have used it very extensively for the past twelve years; and three years before that I experimented with it; and I know of no one remedy that I would risk my life on so contentedly as I would on veratrum viride. But it should be well understood before commencing its use. The rules to be observed are—1. See you have a good *fresh article*. 2. Make your tincture by the quantity, so that it will be uniform; then the proper way of administering it is to drop in a tumbler of water the quantity to be given in twenty-four hours, and give one teaspoonful each hour.* But I have not seen any bad effects from it, although I frequently give it. I have kept the patient for four or five days completely under the influence of it, in a severe case of pneumonia, but I seldom have occasion to repeat it. After the third day the fever is all gone, and I then follow it with tonics. Dr. Platt does not give his mode of prescription. That is of the utmost importance. Some physicians leave it in a phial, and direct the nurse to give a certain number of drops—a very imprudent course. I have saved many lives with the veratrum, and regard it as an excellent remedy, when judiciously administered.

Very respectfully yours,

S. P. HUBBARD, M.D.

VERATRUM VIRIDE.

BETHANY, PA., June 8th, 1862.

MESSRS. EDITORS.—I have used the veratrum in my practice about two years, and having observed its effects closely in a great number of cases, I do not hesitate to pronounce it a remedy of great importance in the hands of a judicious practitioner. As an arterial sedative it is vastly superior to digitalis, and I do not think it liable to accumulate in the system and suddenly explode, as is the case with that article. I came near killing a patient of mine, a few years since, while administering digitalis, very cautiously too. I gave it in small doses, at stated intervals, carefully watching for its effect, and, after a number of days,

was about abandoning the remedy as inert, when suddenly the most alarming prostration occurred, requiring the exhibition of stimulants in extraordinary quantities to prevent a fatal result. I have seen no such effects from the veratrum. I do not doubt that a medicine so potent may, in incautious hands, do mischief. What article in the materia medica possessed of considerable power will not? I notice that your correspondent from Rhinebeck, New York, thinks it has a dangerously depressing influence, even in small doses. Owing to peculiar idiosyncrasy on the part of the patient such may be the fact, but that such is not its usual effect I am well assured; in fact, I have never witnessed any such effect, even where the pulse has been reduced very much below its normal standard. In scarlatina I regard the veratrum as a remedy of extraordinary value, and I am very certain that it does not interfere with the eruption, or any other symptom essential to the well-being of the patient. When the skin is dry and hot, the patient restless and uneasy, pulse up to a hundred and fifty, perhaps, the veratrum acts like a charm. The pulse comes down, in five or six hours, to a natural standard; the skin becomes moist, nervous restlessness is subdued, and, in fact, the whole aspect of the case is changed in a few hours. The momentum of the blood being moderated, a less quantity is forced into the small vessels of the tonsils and adjacent tissues. The angina is consequently very much modified; and all this benefit without the risk of inducing permanent prostration. Such cannot be said of venesection, which gives us a temporary benefit, while its ultimate effect is, in my view, certainly injurious in all severe cases of scarlatina. I do not think that dropsy is apt to supervene in those patients who have taken the veratrum during the active stage of the disease, at least I have seen no such cases, and I have been through one pretty severe epidemic since the adoption of the remedy in my practice.

Yours respectfully,

W. C. PHELPS, M.D.

DR. REID'S RENUNCIATION OF HOMŒOPATHY.

The following communication has been received from Dr. J. K. Reid, of Montgomery County, Pennsylvania.

Dr. Reid is a regular graduate in medicine, and until he, some years ago, allowed his credulity to mislead him into adherence to a dogma, was much respected in the profession. We know that his character professionally and socially was without reproach, and no mercenary impulse could have induced the change.

Dr. Reid frankly admits his delusion, and renounces the error. It is hoped that he will receive proper credit for this honest acknowledgment.—[EDS.]

CONSHOHOCKEN, PA., June 3, 1862.

To the Editors of the Med. and Surg. Reporter.

GENTLEMEN:—Will you do me the favor to publish the following statement in your journal?

I desire to state that I renounce any connection whatever with Homœopathy. I have investigated it and practiced it to some extent, and the result has led me to the conclusion that it is a fallacy. I believe the advantages supposed to be derived from homœopathic remedies are alone due to the healing powers of nature.

Very respectfully yours,

JOHN K. REID.

Army Correspondence.

The following report of Dr. Alfred Hitchcock to the Surgeon-General of Massachusetts, which appears in the *Boston Medical and Surgical Journal* of a late date, we have no doubt will interest the readers of the REPORTER:—

FITCHBURG, May 20, 1862.

DEAR SIR:—I seize the earliest moment, since my return, to report to you the character of the duties devolving upon me at the headquarters of the army of the Potomac, whither I went under your order of the 1st instant. I was at Yorktown on Monday, the 5th instant, and was an attentive listener to the cannonading that day going on at Williamsburg, distant five to ten miles, along the line of battle, which stretched nearly across the peninsula. Some of the time the cannonading was terrific, counting ten to twenty discharges per minute. The distance was too great to hear the musketry; but the fresh orders for "more troops" from Yorktown, and the hurried tramp of thousands of horsemen, the heavy moving of ammunition and baggage trains, and the rapid march of tens of thousands of infantry "onward! onward!!" to the scene of conflict, all indicated the importance of that day's struggle, and was a significant omen to every surgeon to be instantly ready for work. Night passed, rainy, dark, and muddy, and morning came, with mist on the river, wreathing the one hundred and forty steamers and transports moored along the shore, in fleecy beauty, while the bright sunshine of a May morning shone over the leafy forests and dense columns of men who were still moving onward by the road, or crowding hurriedly to the boats for river transportation. The cannonading at Williamsburg had now ceased, and early in

the day a telegram from Dr. Tripler, at General McClellan's headquarters, called fifteen of the volunteer corps to report at once to him. The Massachusetts and New York surgeons were quickly on the way, and soon had practical knowledge of Virginia mud, and the great tax laid upon human and brute strength to make a hurried journey of only ten or twelve miles. But the mud, swamps, ravines, and bogs were at last overcome, and after crossing the battle-field, where some dead still remained unburied, and many wounded were still only partially cared for, in tents or in the bushes, we reached Williamsburg, and immediately were assigned to duty. The Regimental and Brigade Surgeons were needed to go forward with the army, then in hot pursuit of the rebels, and most of the service, after Tuesday, in Williamsburg, was performed by the volunteer corps. Drs. S. Cabot and Heartwell, of this State, were already in charge of the Seminary Hospital, and both were highly complimented for fidelity and skill by the venerable Dr. Tripler, of General McClellan's staff. The New York surgeons took charge of the churches and many private houses now crowded with wounded men. William and Mary's College, the *Alma Mater* of Jefferson, Madison, Randolph, and a host of brilliant men of blessed memory, untainted with treason, now converted into a military hospital, was placed under my charge. The first night it contained 175 patients, mostly wounded by gunshot or shell. During the next six days we received and sent to the boats from this hospital alone a little more than 300 men, leaving only a few "stumps," and a few with mortal wounds, to be cared for by a surgeon detailed, on our leaving, for that purpose. The government had provided several large steamers, supplied with blankets, mattresses, etc., for the immediate transportation of the wounded to more Northern cities, and most rapidly and successfully within eight days over 2000 wounded men were moved from Williamsburg. Drs. Tripler and Smith, of the staff, evinced the highest degree of administrative ability in accomplishing this work. Much credit is also due Dr. Bronson, of Attleboro', Massachusetts, who served with me at the college, for his activity in the transportation by ambulance to the boats. I ought also to acknowledge the valuable assistance at the college of three rebel surgeons, prisoners, who generally were equally attentive and kind to Confederate and Union men.

We had numerous fractures at the college, and I had no hesitation in appropriating the mahogany and white wood of those consecrated halls, to extemporize a "Dessault" or "double inclined plane." The right arm of one poor rebel I amputated at the shoulder-joint; which, with my subsequent treatment of his case, drew forth from him and some of his comrades the strongest expressions of gratitude and confidence; and nearly the same manifestation of gratitude and kindness was evinced by many others on whom I operated for removing bullets or ligating arteries. It was a great marvel to these poor deluded fellows that a Yankee surgeon could do them a kindness. A Virginia captain, who had extensive fracture of the right side of the skull by a Minié ball, requiring removal of bone one and a half inches wide by four inches long, and a considerable portion of cerebral substance, was alive when I left, took food, talked incoherently, and was paralyzed on the left side. He will probably die in a few days. A Georgia captain received a wound from the fragment of a shell in the right side of the abdomen, just within the crest of the ilium, tearing through the muscles and passing behind the caput coli without entering the peritoneal cavity. The wound was ragged and frightful, and the head of the cœcum constantly protruded at the wound, unless retained by compresses. Pus was discharged abundantly from the deep irregular cavity between the peritoneum and ilium; the pain was slight and constitutional symptoms very mild; the peristaltic motions of the colon were beautifully visible; bowels had moved freely; he had appetite, was hopeful and plucky, and expected to recover and be released, and again draw his sword in the rebel cause. I left him at "William and Mary," and think that his recovery and fitness for fighting service is about as apocryphal as the future payment of Confederate bonds. All the fractures of the arm and leg that did not require amputation were dressed and sent off on the boats. Several compound fractures of the thigh, either too high up or too much inflamed to justify secondary amputation, were left at the college. The rule has been pretty generally adopted, by Dr. Tripler and his associates, to amputate when the femur has been badly comminuted by a Minié ball, and I am quite sure that the primary amputations have been more successful than the secondary.

Without being accurate as to numbers, I may state, as the estimate of the Medical Director, from thirty to forty thigh amputations among the forces engaged at and around Williamsburg. Colonel Tristam Burgess, of Rhode Island, aid to General McClellan, received a ball about the middle of his thigh, which passed upward and lodged on the dorsum ilii, deep under the glutei muscles. The bones were not injured.

Colonel William Dwight, Jr., of Springfield, commander of the New York 70th, received three wounds—one on his head, slight; one in his right thigh, severe flesh wound; and the third entered the left thigh upon the outside, just above and anterior to the trochanter major, crossing under or through Poupart's ligament, and, marvelously avoiding the external iliac and epigastric arteries, came out through the abdominal parietes just over the right internal abdominal ring. The colonel's regiment fought like veterans. He lost 331 men, killed, wounded, and missing, and was himself left for dead on the field. He revived, was taken prisoner by the rebels, and carried to Williamsburg, paroled by them in their flight, and subsequently came under my care, a true soldier and noble man. I had

the pleasure of transferring him safely to the care of his friends in Washington, last Thursday. I trust his country will not withhold the gratitude and honor due his valor.

At Fortress Monroe, we had some changes on the steamer. The number of wounded rebels was increased to nearly 200. The New York surgeons were assigned to another boat, and our valued friend, Dr. Cabot, came on board and was made Medical Director for the voyage to Washington, whence the prisoners were ordered to be sent by order of the Secretary of War. This order was a disappointment to many of the rebels. The ignorant and dogged grew frantic at the disappointment, as they had hoped to be paroled at once and sent to Richmond. One poor fellow, (John Woods, Co. C, 14th Louisiana, Colonel Jones,) whose thigh was amputated, and who was suffering under traumatic delirium, swore that "old Abe Lincoln should never hang him," and with terrible imprecations drew a dirk knife and stabbed himself at the epigastrium; before the weapon could be snatched from him, he gave himself a second wound, and continued to curse and swear, and died in about an hour. Three others died under my care; one from bullet wound in the spine, one from wound in the chest, and one from inflammation following comminuted fracture of the condyles of the femur. This case ought to have had primary amputation. Three or four others that I left at "William and Mary" were *in articulo mortis*—from cerebral, thoracic, and abdominal wounds. On arriving at Washington, I am sorry to add that many of the wounds, especially of those patients on the lower deck, had taken on an erysipelatous character. I have no doubt it was wholly owing to the defective ventilation and crowded state of the ship. Their speedy removal was at once provided for.

Excuse the haste and meagreness of this report, while I remain, very respectfully, your obedient servant,

ALFRED HITCHCOCK.

NEWS AND MISCELLANY.

An Act to Reorganize and Increase the Efficiency of the Medical Department of the Army.—Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be added to the present medical corps of the army ten surgeons and ten assistant surgeons, to be promoted and appointed under existing laws; twenty medical cadets, and as many hospital stewards as the surgeon-general may consider necessary for the public service, and that their pay and that of all hospital stewards in the volunteer as well as the regular service shall be thirty dollars per month, to be computed from the passage of this act. And all medical cadets in the service shall, in addition to their pay, receive one ration per day either in kind or commutation.

SEC. 2. *And be it further enacted*, That the surgeon-general to be appointed under this act shall have the rank, pay, and emoluments of a brigadier-general. There shall be one assistant surgeon-general and one medical inspector-general of hospitals, each with the rank, pay, and emoluments of a colonel of cavalry, and the medical inspector-general shall have, under the direction of the surgeon-general, the supervision of all that relates to the sanitary condition of the army, whether in transports, quarters, or camps, and of the hygiene, police, discipline, and efficiency of field and general hospitals, under such regulations as may hereafter be established.

SEC. 3. *And be it further enacted*, That there shall be eight medical inspectors, with the rank, pay, and emoluments each of a lieutenant-colonel of cavalry, and who shall be charged with the duty of inspecting the sanitary condition of transports, quarters, and camps, of field and general hospitals, and who shall report to the medical inspector-general, under such regulations as may be hereafter established, all circumstances relating to the sanitary condition and wants of troops and of hospitals, and to the skill, efficiency, and good conduct of the officers and attendants connected with the medical department.

SEC. 4. *And be it further enacted*, That the surgeon-general, the assistant surgeon-general, medical inspector-general, and medical inspectors, shall immediately after the passage of this act be appointed by the President, by and with the advice and consent of the Senate, by selection from the medical corps of the army, or from the surgeons in the volunteer service, without regard to their rank when so selected, but with sole regard to qualifications.

SEC. 5. *And be it further enacted*, That medical purveyors shall be charged, under the direction of the surgeon-general, with the selection and purchase of all medical supplies, including new standard preparations, and of all books, instruments, hospital stores, furniture, and other articles required for the sick and wounded of the army. In all cases of emergency they may provide such additional accommodations for the sick and wounded of the army, and may transport such medical supplies as circumstances may render necessary, under such regulations as may hereafter be established, and shall make prompt and immediate issues upon all special requisitions made upon them under such circumstances by medical officers; and the special requisitions shall consist simply of a list of the articles required, the qualities required, dated, and signed by the medical officers requiring them.

SEC. 6. *And be it further enacted*, That whenever the inspector-general, or any one of the medical inspectors, shall report an officer of the medical corps as disqualified, by age or otherwise, for promotion to a higher grade, or unfitted for the performance of his professional duties, he shall be reported by the surgeon-general for examination

to a medical board, as provided by the seventeenth section of the act approved August third, eighteen hundred and sixty-one.

Sec. 7. *And be it further enacted*, That the provisions of this act shall continue and be in force during the existence of the present rebellion and no longer: *Provided, however*, that, when this act shall expire, all officers who shall have been promoted from the medical staff of the army under this act shall retain their respective rank in the army, with such promotion as they would have been entitled to.

Approved, April 16, 1862.

New Hospitals at Washington.—The Government has notified the churches in Washington that their edifices may be required for use as hospitals. Some of them have already been stripped of carpets, cushions, books, etc., preparatory to occupancy. It is the intention of the Government to use these churches for convalescent patients, in order to relieve the overcrowded condition of the other hospitals. The churches of Alexandria have also been taken possession of for the same purpose, and a thousand beds are being put into the Episcopal Seminary near that city.

Capacity of Government Hospitals in this City.—We find the following statement in a daily paper:—

West Philadelphia Hospital	3300	Beds.
Broad and Cherry Hospital	650	"
Fifth and Buttonwood Hospital	275	"
Twenty-second and Wood Hospital	250	"
Twenty-fourth and South Hospital	236	"
Christian near Ninth Hospital	200	"

Health of the Troops at New Orleans.—A recent number of the New Orleans *Delta* says:—"Since the arrival of the Federal forces in this city, there has probably been no similar body of men in any locality so free from disease. The statistical records kept by the surgeons exhibit an amount of sickness of less than ten per cent. And when it is well known that in all hospitals North, East, and West, the calculation of a sick percentage is fully up to that figure, and that provision is always made in that proportion, it must be gratifying to the citizens of New Orleans to know that there is such an immunity from disease."

Medical Appointments.—The Senate recently confirmed the following appointments: Assistant Surgeons Jonathan C. Bertolette, Thos. W. Leach, Wm. M. King, and Benjamin F. Gibbs, to be Surgeons; and Frank L. Dubois, Samuel G. Webber, Gustavus S. Franklin, F. Minot Weld, and David W. Balantine, to be Assistant Surgeons in the Navy. John L. Lecomte, Brigadier Surgeon of Volunteers. Brigade-Surgeon George F. Allen, Medical Inspector. Robert C. Wood, Assistant Surgeon-General. Wm. H. Mussey, of Ohio, Medical Inspector.

The American Dental Association holds its annual meeting in Cleveland, Ohio, on the last Tuesday of July next, at 10 A.M.

Dr. Marion Sims, of New York, has just been elected Foreign Honorary Member of the Royal Academy of Medicine of Brussels.

There were 544 patients in the U. S. Hospital at New Orleans on the 1st inst.

Answers to Correspondents.

Dr. D. J., Kentucky.—For the sum of $6, in advance, we will furnish you both the Reporter and *Lancet* for one year, and these are the only terms on which we can send them. *The whole sum must be sent at once.* We intend this as a reply to other correspondents.

Dr. C. F. H., Kentucky.—There is no weekly journal of Materia Medica published.

Dr. J. D. J., Canada West.—Postage is required to be prepaid on all journals for foreign countries. Hence our Canadian subscribers are requested to inclose fifty-two cents in addition to the regular subscription price of the Reporter.

MARRIED.

Haight—Taylor.—On Tuesday, June 10, by the Rev. Henry Palethorp Hay, Rector of Trinity Church, Trenton, N. J., Hon. Charles Haight, of Freehold, to Miss Mary B., daughter of Dr. John L. Taylor, of Trenton.

Lyman—Paul.—On the 11th ult., by the Rev. H. Brisbane, of Philadelphia, Dr. L. J. Lyman, of Springfield, Ill., to Miss Sarah E. Paul, eldest daughter of M. Paul, Esq., of Hoboken, N. J.

Schaffer—Potts.—On Tuesday, the 10th inst., by the Rev. Frederic M. Bird, of Rhinebeck, N. Y., Charles Schaffer, M.D., of this city, to Martha T., daughter of Robert T. Potts, Esq., of Upper Merion, Montgomery County, Pa.

Vital Statistics.

Of Philadelphia, for the week ending June 14, 1862.

Deaths—Males, 105; females, 102; boys, 52; girls, 52. Total, 207. Adults, 103; children, 104. Under two years of age, 68. Natives, 151; Foreign, 37. People of color, 19.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 14; croup, 1; cholera infantum, 6; cholera morbus, 0; consumption, 30; diphtheria, 2; diarrhœa and dysentery, 5; dropsy of head, 4; debility, 13; scarlet fever, 2; typhus and typhoid fever, 5; inflammation of brain, 2; of bowels, 7; of lungs, 9; bronchitis, 0; congestion of brain, 3; of lungs, 1; erysipelas, 2; hooping-cough, 3; marasmus, 3; small-pox, 2.

For week ending June 15, 1861.....233
" " June 14, 1862.....207

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2840.

Of New York, for the week ending June 9, 1862.

Deaths—Males, 158; females, 159; boys, 178; girls, 181. Total, 315. Adults, 156; children, 159. Under two years of age, 99. Natives, 198; Foreign, 117; Colored, 5.

Among the causes of death, we notice—Apoplexy, 4; infantile convulsions, 15; croup, 6; diphtheria, 10; scarlet fever, 15; typhus and typhoid fevers, 10; cholera infantum, 3; cholera morbus, 3; consumption, 62; small-pox, 5; dropsy of head, 9; infantile marasmus, 15; diarrhœa and dysentery, 6; inflammation of brain, 10; of bowels, 9; of lungs, 15; bronchitis, 7; congestion of brain, 5; of lungs, 2; erysipelas, 0; hooping-cough, 2; measles, 1: 151 deaths occurred from acute disease, and 27 from violent causes.

For week ending April 8, 1861.....000
" " April 7, 1862.....000

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2902.

Of Boston, for the week ending June 7, 1862.

Deaths—Males, 46; females, 39. Total, 85. Natives, 62; Foreign, 17.

Among the causes of death, we notice—Phthisis, 13; cholera infantum, 1; croup, 0; scarlet fever, 2; pneumonia, 6; variola, 2; dysentery, 0; typhus fever, 0; diphtheria, 1; hooping-cough, 3; convulsions, 2.

Population of Boston in 1860, 177,902. Average corrected to increased population, 78·84.